

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-043013**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1406

**FILED DEC 16 1963**

VS 300  
Rev. 4/59

15117

20350

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Joseph

Length of stay in 1b  
2 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Methodist Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Clinton

c. CITY  
OR  
TOWN Lathrop

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS Rural Route

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First Middle Last  
James Robert Winn

## 4. DATE OF DEATH

Month Day Year  
December 10, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. MARRIAGE STATUS

Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/12/1885

## 9. AGE (last birthday)

78

## 10. IF UNDER 1 YEAR

Months Days

## 11. IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

Clinton County, Mo. U. S. A.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Benjamin F. Winn

## 13b. MOTHER'S MAIDEN NAME

Cora Searce

## 14. NAME OF HUSBAND OR WIFE

Caroline Winn

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, go, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

378

## 17. INFORMANT

Caroline Winn, Lathrop, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Diffuse encephalitis  
Herpes Zoster

### INTERVAL BETWEEN ONSET AND DEATH

2-3 wks

3-4 wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT, SUICIDE, HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.  
Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.

Death occurred at 10:40 a m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

C. A. Potter, Jr. (Degree or title)

## 22b. ADDRESS

St. Joseph, Mo.

## 22c. DATE SIGNED

12-10-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

12/12/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

## 23d. LOCATION (City, town, or county)

Plattsburg, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Lyon Funeral Home, Inc., Plattsburg, Mo. Dec. 11, 1963

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Hoodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

210510-041

JAN 2 1964

08201  
2111

0 1 0 2

Permit issued 12-11-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Thirys E. Cox*

Licensed Embalmer No. \_\_\_\_\_

4993

P. O. Address \_\_\_\_\_

*Flatting, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.